Boone County Fire District
EMS Education-EMT Course
EMT Operations Assignment 1

Resources to complete assignment: screencast, Sway, textbook Chapters 1-2, 8

1. What is one of the most simple yet most effective steps to take to prevent illness?

Hand washing is a simple yet most effective way to control disease transmission. Even if you wear gloves, you should wash your hands before and after contact with a patient. In addition, gloves, eye protection and face sheilds, gowns, masks, respirators, barrier devices, proper disposal of sharps, and cleaning patient care equipment/textiles is important to minimize the chance of illness spread.

2. Describe what is meant by "standard precautions".

Standard precautions are protective measures you take that are designed to protect the heath care worker from coming into any type of body fluid, blood, objects, and other potential risks that could lead to infection/exposure. There are multiple components, including Hand washing, gloves, gown, eye protection, cleaning equipment/textiles/sharps+needles, and respiratory hygiene. OSHA and the CDC have these steps outlined as the most effective way to prevent unnessesary infection. You also have to be awaire as a health care employee that you are at risk regardless of precaution.

3. Define "body substance isolation (BSI)".

BSI - or body substance isolation, is the way health care workers protect themselves from body fluid/substances. It includes distance - theres a "six foot circle" concept that even infectious patients can be approached to 6 feet with small risk to exposure. Also, when engaging with a patient, using PPE (personal protective equipment) is also a EMTs best defence/body substance isolation technique. PPE includes masks (protects from inhalants), eye protection (protects from sprays/spurts), gloves + long sleeves (protects anything entering your body through non-intact skin), and Bunker gear/Nomex hoods/SCBAs (protects from fire-bourne carcinogens).

4. When should you wear gloves?

It is always a good idea to wear gloves! A lot of EMTs wear gloves to every call regardless of the situation. In general, gloves should always be worn for touching blood, body fluids, secretions, excretions or contaminated items, mucous membranes, and non-intact skin. You can use vinyl, latex or nitrile gloves, just be careful of latex allergy. You should change gloves when exposed to oil, gas, petroleum products. Wear double gloves when exposed to large volumes of body fluid. You should wear heavy duty utility gloves when cleaning.

5. When should you wear face protection?

In most trauma situations, and many medical situations, blood spatters are a big possibility. In any situation where there is blood splatter or significant probability of blood/body fluid spray you should be wearing eye/face protection. Eye goggles protect the eyes - but regular perscription glasses aren't sufficient (no side protection). A face sheild protects lower half/most of the face. Wearing both provides the best protection.

6. When should you wear long sleeves or a gown?

A gown should be worn in situations like a field delivery or major trauma. It is used to protect against excessive blood/fluid splatter. Long sleeves (bunker coat, wildline coat, long sleeve garment) should be worn to every call. We can never be sure our skin is intact, and even though body fluid on intact skin is not considered an exposure, it is prefferable to not have body fluid on your skin at all.

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7. What should you do if you sustain an actual exposure?

If you are exposed to a patients blood / fluid you should first turn over patient care to a partner. Then, clean the exposed area with soap and water. If your eyes were exposed, clean with water for at least 20 minutes ASAP. Then activate your departments infection control plan, which usually means contacting a supervisor - who will help you with following exposure protocol. You will probably follow up with screening / a physician. You will also have to fill out a exposure report.

8. If you get blood or vomit on your arm while doing patient care, what should you do?

If your skin is covered by PPE or you are absolutely sure your skin is intact, you can continue patient care. If there is risk of exposure (bare, non-intact skin), you should follow exposure protocol (hand over patient care, wash area thuroughly, contact supervisor, follow up. exposure report).

9. Is that an exposure (blood or vomit on your arm)?

If the skin is intact, it is not technically an exposure. Blood / vomit / body fluid on non-intact skin <u>is</u> an exposure and you should follow exposure protocol. (handing over patient care, clean area, contact supervisor, etc.)

10. What are some ways to improve your wellness as a first responder?

1. getting good sleep very important! (enough hours AND restfullness are vital)
   Bad sleep is linked to obesity, cardiovascular disease, psychological problems, etc.
2. Hydration - 1 gallon a day
3. Nutrition - High protein balanced.
4. General fitness - more fit = more protection against illness / stress / fatigue - exercise (150 mins cardio, weights 2-3x weekly)
5. Have hobbies, support system
6. keep alcohol/tobacco use to a minimum.

11. List the various stages of grief that patients (and EMS personnel) experience.

1. Denial - refusing care and/or diagnosis
2. Anger - the person will lash out
3. Bargaining - "I will be a perfect patient if I can live until 'x' event"
4. Depression - patient is usually silent + dealing with internal hopelessness.
5. Acceptance - of the patients or loved ones death.

12. In what order do these stages of grieving occur?

The Stages of grief can happen in order, all at once or a person may bounce from one back to another.

13. What is the difference between an emergency move and an urgent move and a non-urgent move (we know this is silly but it is in the Standards and the NR may ask you)?
An emergency move is used when there is potential for danger - you drag/pull the patient to somewhere safe for assessment. Used when there is risk for serious harm. An urgent move may be necessary when a patient has an altered level of conciousness, bad ventilation, or shock. The rapid extraction technique is used for urgent moves. non-urgent moves are used when both the scene and patient are stable. There are 3 general methods - direct ground lift, extremity lift, and transfer moves.

14. When is rapid extrication appropriate?
Rapid extraction is appropriate for urgent moves, in situations such as extreme weather conditions, the scene (eg. a vehicle) is unsafe, the patient is blocking acess to another seriously injured patient, fire/potential for fire is present, patient requires supine position, a very life threatening condition, or the patient can't be properly assessed without being moved.

15. What does "bariatric" mean and how would your safety be impacted?
Bariatrics is the branch of medicine that is concerned with prevention + control of obesity. Over 1/3 of the united states is considered obese. This is relevant to emts because the most common cause of temporary/permanant disability is back issues. Lifting heavier patients is harder, and not all units have mechanical lifts. Having adequate help and using proper lifting technique is important to prevent provider injury.

16. When should you use a stair chair?
A stair chair is used when you must carry a conscious patient up/down a flight of stairs or sharp incline. The patients condition must allow them to be sitting. Roll the stair chair until they can be moved to a stretcher.

17. The "scene is safe" is one of those statements that is frequently not true—even if law enforcement is present. Patients in custody have been found to have weapons hidden on them that were not found by law enforcement. If you find a weapon during your patient assessment, what must you do with it?
It increases your safety to get in the habit of weapon searching every patient. Have one hand keep contact, and the other search/clinical care. If you find a weapon during patient assessment, you should keep a poker face. You shouldn't touch the weapon if safety isn't immediatley threatened - retreat and wait for law enforcement. If there is immediate danger and law enforcement isn't availible, you should prioritize moving it to a safe location (lock box). When conducting your search, you can/should ask outright if a patient has any weapons.

18. The EMS workplace is one where needles and other sharps are frequently utilized. Describe how you should deal with used IV needles and syringe barrels.
Used sharps (IV needles, syringe barrels) are disposed of in a sharps container. These containers are rigid and leak proof.

19. EMS work schedules include shifts during all hours. Even in the case where sleeping during duty hours is allowed, staff members are subject to calls. How can you limit the impact of these types of schedules on your physical well-being?

Get Restful and plentiful sleep when you can, limit alcohol + caffeine intake, have a balanced diet, have a good evening routine, exercize regularly, limit long naps.

20. Define a defusing.

A defusing is essentially a meeting shortly (< 8 hours after) a critical incident where stress / reactions / emotions can be expressed to stabalize EMS so they can return to their normal routine without stress.

21. Define a critical incident debriefing.

A critical incident debreifing is a intervention similar to a defusion - usually with more help and resources, is longer, and happens longer after the critical incident.

22. Being awake for 24-hours equates to a BAC of?

Being awake for 24-hours is equivalent to a BAC of 0.10 %! That's higher than the legal limit to drive, let alone give patient care.